

Ser. No. 10/089,746 - 1 -
Response to Restriction Requirement of 25 September 2003
Atty Docket 114402-5

#2/8

10/24/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Nilsson Examiner: Fergusion, M.
Serial No: 10/089,746 Art Unit: 3679
Title: CONNECTING DEVICE
Filed: 23 July 2002 Date: 22 October 2003

RESPONSE TO RESTRICTION REQUIREMENT

This letter is responsive to the restriction requirement of 25 September 2003, so no extension fees are required. No claim amendments are made, so no fees for excess claims are required.

Please charge Deposit Account 15-0450 for any fee deficiency.

This response is made under the revisions to 37 CFR 1.121, effective 30 July 2003.

The response has the following parts:

Amendments to the Specification – none made;
Amendments to the Claims – beginning on page 2;
Amendments to the Drawings – none made; and
Remarks – beginning on page 9.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/089,746	
	Filing Date	July 23, 2002	
	First Named Inventor	Ivar NILSSON	
	Art Unit	3679	
	Examiner Name	Ferguson, Michael	
Total Number of Pages in This Submission	11	Attorney Docket Number	114402-5

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Faxed to 703- 872- 3326		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

OCT 22 2003

Firm or Individual name	Stephen L. Grant; Hahn Loeser & Parks LLP		
Signature	<i>[Signature]</i>		
Date	10/22/03		

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Stephen L. Grant		
Signature	<i>[Signature]</i>	Date	10/22/2003

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